

One of the major goals of Healthy People 2010 is to first reduce, then eliminate health disparities among different parts of the population. This section highlights selected health disparities by two important demographic groups: racial/ethnic and gender.

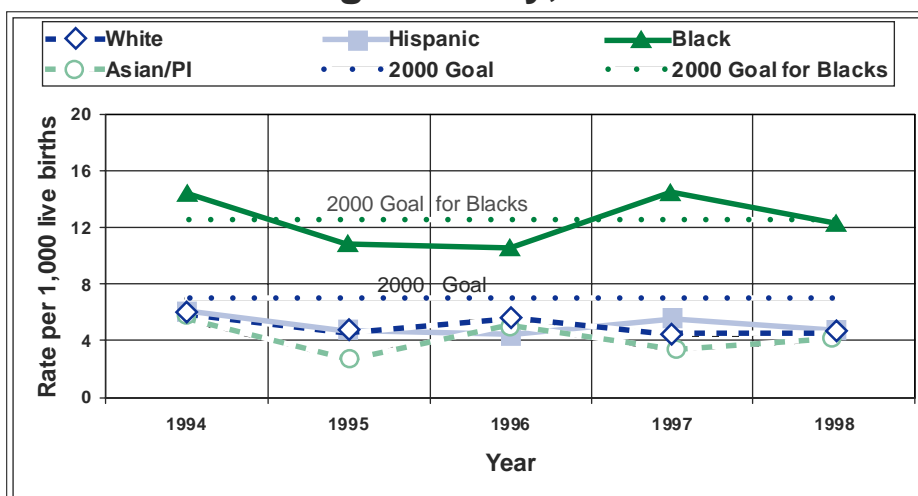
Racial/Ethnic Disparities

Infant Mortality

Infant death is a multi-factorial problem and is an indicator of health status and social well being. Factors that can affect an infant's chances of survival to the age of one year include maternal medical conditions and health practices, access to and utilization of prenatal and well child care, child abuse, and domestic violence. Many of these factors differ by race/ethnic group and any of these factors alone, or in combination with others, can result in an infant's death.

In San Diego County, the infant mortality rates vary widely by race and ethnicity. Black infants continue to die at more than two to three times the rate of White and Hispanic infants. In 1998, infant mortality among Black infants was 12.3 deaths per 1,000 live births, a risk of dying equivalent to one death for every 81 live births. This death rate is 2.7 times that of White infants. Although the rate among Black infants has declined 17 percent since 1994, it remains elevated resulting in disparate levels among racial/ethnic groups.

Infant Mortality by Race/Ethnicity San Diego County, 1994-1998



Notes: No rates calculated for fewer than 5 events.

Source: California Department of Health Services Center for Health Statistics, Vital Statistics Section, Birth and Death Statistics Master File; County of San Diego HHSA Child, Youth, and Family Health Assessment and Planning.

HIV/AIDS

AIDS disproportionately impacts males of color (non-Whites) in San Diego County. Since 1981, over 3,300 people of color have been diagnosed with AIDS, and they represent the majority of AIDS cases diagnosed in recent years. Racial and ethnic communities have been disproportionately affected by the HIV epidemic. The increase in AIDS from 1994-1999 is nearly three times higher among Blacks and nearly two times higher among Hispanics, when compared with Whites.

In recent years, the incidence of AIDS among Hispanics increased in 20-29 year olds, suggesting a shift in the epidemic among Hispanics to a younger cohort based on initial age of an AIDS diagnosis.

Tuberculosis

In San Diego County, tuberculosis continues to affect Asian/Pacific Islanders and Hispanics more than other racial/ethnic groups. During 1999, Asian/Pacific Islanders were nearly 20 times at greater risk of tuberculosis than Whites, and nearly 3 times greater than Blacks. Hispanics were ten times more likely to acquire tuberculosis than Whites. Nearly seven out of ten cases were acquired outside the United States and nine out of ten of these cases were from either Mexico or Southeast Asia, each contributing about half of the cases. It is estimated that over 90% of the cases among Asian/Pacific Islanders acquired tuberculosis overseas.

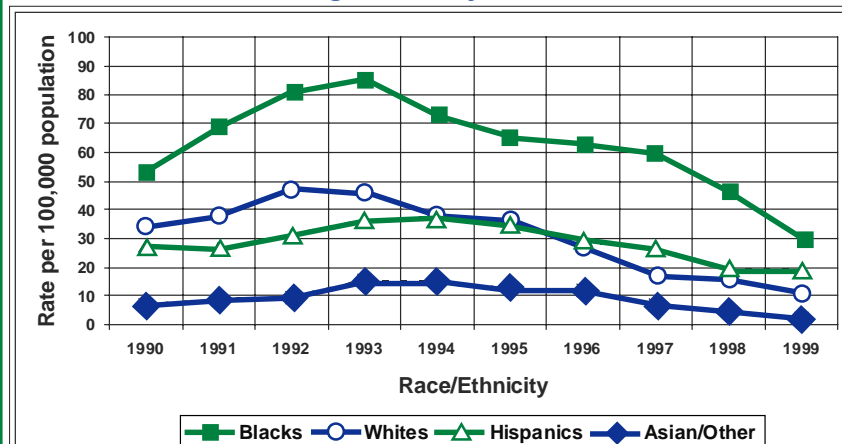
The rate of tuberculosis in San Diego County continues to parallel that of California and exceeds the national rate. Public health measures focus on targeted testing for those at risk of foreign-acquired latent infections and the continuation of enhanced control measures.

Mortality (all cause)

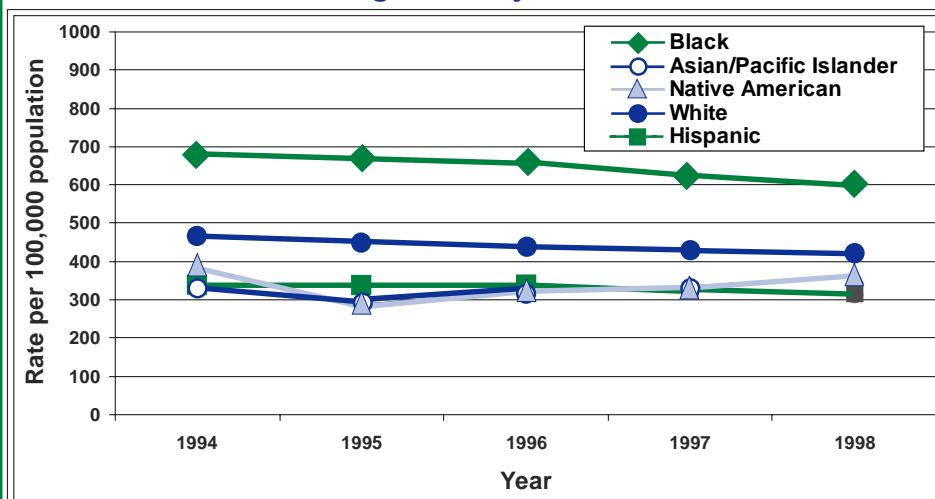
When all causes of death are viewed by racial/ethnic groups, disparities are evident. Blacks on average, die approximately 10 years younger than Whites. Blacks living in San Diego County are at greater risk of dying from cancer, nearly double the risk of Hispanics and Whites. In addition, Blacks continue to experience greater age-adjusted rates of death for heart disease. Homicide claims the lives of Blacks in San Diego County at a three times higher rate than Hispanics and seven times higher than Whites. Blacks experience a greater age-adjusted rate of death compared to other racial/ethnic groups.

Health and Human Services Agency

**AIDS Case Incidence by Race/Ethnicity
San Diego County, 1990-1999**

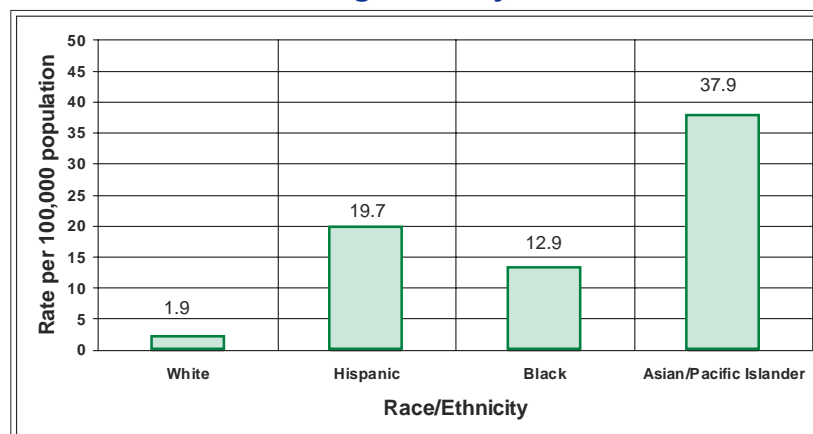


**Age-Adjusted Mortality Rates by Race
San Diego County: 1994-1998**



Source: San Diego County Health and Human Services Agency, Division of Community Epidemiology

**Tuberculosis Rates by Race/Ethnicity
San Diego County, 1999**



"Other" category not included in the graph.

Gender Disparities

In San Diego County, the population of males and females are about equal. Although many health disparities between males and females can be explained by biological differences, there still exists disparities that otherwise should not be present.

Mortality

On a national average, men have a life expectancy 6 years less than women. This difference may be explained in part by the differences in leading causes of death. Although in San Diego County the first several leading causes of death are the same for males and females, the other leading causes of death differ by gender. Males are more likely than females to die from suicide, HIV and chronic liver disease. However, females are more likely to experience death from Alzheimer's disease, atherosclerosis and hypertension. Specifically, females are two times more likely to experience death from Alzheimer's disease than males. Males are three times more likely to die from suicide than females.

Black males are the most likely group to develop cancer and die from the disease. This compares to Hispanic and Asian/Pacific Islander males who experience significantly lower cancer rates. These disparities are likely due to a complex interaction of behaviors, physical, social and environmental factors, genetic susceptibility and access to care.

Leading Causes of Death for Females, 1998

| Cause of Death | Number of Deaths |
|--------------------------|------------------|
| Diseases of the Heart | 2,804 |
| Malignant Neoplasms | 2,139 |
| Cerebrovascular Diseases | 822 |
| COPD | 628 |
| Pneumonia and Influenza | 558 |
| Unintentional Injuries | 212 |
| Diabetes Mellitus | 186 |
| Alzheimers | 171 |
| Atherosclerosis | 94 |
| Hypertension | 86 |

Leading Causes of Death for Males, 1998

| Cause of Death | Number of Deaths |
|--------------------------|------------------|
| Diseases of the Heart | 2,798 |
| Malignant Neoplasms | 2,253 |
| Cerebrovascular Diseases | 529 |
| COPD | 519 |
| Pneumonia and Influenza | 493 |
| Unintentional Injuries | 492 |
| Suicide | 237 |
| Chronic Liver Disease | 180 |
| Diabetes Mellitus | 174 |
| HIV Infection | 102 |